



Bandon Golf Club

Application for Membership

Ref: _____

Applicant Information

Full Name: _____ Date: ____ / ____ / ____
First Last .

Address: _____

City/ Town

Country

EirCode

Phone: _____ Email _____

****If under 18 please provide parents contact details**

Date of Birth: ____ / ____ / ____ (Proof of age required)

Current Membership

Are you a member of a golf club: YES ☐ NO ☐

If yes – Name of Golf Club: _____

GUI number and Handicap: _____

Are you a past member of a Golf Club: YES ☐ NO ☐

If yes – Name of Golf Club/ Year last member _____

GUI number and Handicap _____

Indicate who you want to control your GUI Handicap: _____

Proposer/ Seconder

Proposer Name: _____ Phone: _____

Proposer Signature: _____ Golf Ireland #: _____

Seconder Name: _____ Phone: _____

Seconder Signature: _____ Golf Ireland #: _____

Membership Category

Full
☐

Intermediate(19-24) **
(Please attach proof if in education)
☐

Under 30
☐

Pavilion
☐

Overseas
☐

Junior (8-18)
☐

Country
☐

New to Golf
☐

Senior
☐

If Other please detail: _____

Change of status ☐ (tick if applicable)

In Case of Emergency

Contact Name: _____

Contact Number: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. We use the above information to allow us to fulfil our obligations to you as a member of the club. We would like to be able to correspond with you regarding club's activities, to do so we require you to positively opt in by email/ telephone/ mobile and post.

We may also share information with the club professional and club caterers so they may send you information about their products and services by email

Signing this application form gives consent to the above sharing of information.

I hereby apply for Bandon Golf Club and if elected, agree to abide by its Rule and Bye-laws.

Signature: _____ Date: _____

Please return when completed to Secretary/ Manager

Bandon Golf Club, Castlebernard, Bandon, Co Cork or email a scanned copy to: enquiries@bandongolfclub.com